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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### STATISTIC, CLIMATIC AND ALLIED FEATURES OF SCARLET FEVER.

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In this article I propose to treat briefly of several features of scarlet fever, mainly statistic and climatic, all of which, perhaps, receive but little careful study, but which are worthy of the attention of the practical physician as well as the medical philosopher. No special preliminary remarks are called for. I may say, however, that, whether my statements are open to criticism or not, all the figures I shall give may be taken as correct.

##### The Graveness of the Disease.

Scarlet fever is one of the most fatal scourges that afflict the human race. Of the diseases called zymotic it is, in Philadelphia at least, the most destructive to life. Excepting consumption and pneumonia, no other disease is accountable for so many deaths, unless that composite affection, cholera infantum, be taken into account. In the ten years ending with 1878, there were destroyed by it 5264 persons, or 819 more than by typhoid fever. This number is equal to one in every thirty-two and six tenths (32.6), or a trifle over three per cent. of the total mortality. Nor is its relative importance as a cause of death less in the United States as a whole. According to the Census Report for the year ending June 1st, 1870, the deaths from it were more than from any other disease, excepting consumption, pneumonia and enteric or typhoid fever. The number from it was 20,320, from consumption, 69,896, from pneumonia, 40,012,

and from typhoid fever, 22,187. It caused one death of every twenty-four and two tenths (24.2), or a little over four per cent. of the total mortality.

##### History of the Disease.

Scarlet fever does not come and go, like Asiatic cholera, yellow fever, and several other destructive diseases; it is a lingering pestilence. For over fifty years the city of Philadelphia has never been free from it. And it is a growing evil. It is said by Dr. Gregory, in his "Practice of Medicine," that it appeared on this continent as early as 1735; but at any rate, it prevailed here in the autumn of 1783, and was carefully observed and described by Dr. Rush. From the spring of 1784 little was heard of it until 1793, a year in which it prevailed at various places in the United States. From 1807 until 1830 only 152 deaths are attributed to it in the bills of mortality of the city. From 1812 until 1818 no deaths from it were reported. In 1831 there were about 200 fatal cases of it. In 1861 it caused eight and fifty-nine hundredths (8.59) per cent. of the total mortality. In 1872 there were but few cases of it, the mortality from it being only eighty-eight hundredths (.88) per cent. of the whole; but in 1875 it had gathered sufficient power to cause five and seventy-nine hundredths (5.79) per cent. of the total mortality. In his great work, "The Principal Diseases of the Interior Valley of North America" (1854), Dr. Drake says that it prevailed in Kentucky and Ohio between 1791 and 1793, and again in 1808, under the name of "putrid sore throat," and that since 1824 it has never been absent from the Mississippi Valley. Indeed, it is, so far as is known, a modern disease; but in his "Lectures on the Principles

and Practice of Physic," Dr. Watson, with some reason, ventures to say that "in all probability it had long existed, and had been always confounded with measles." It seems that it was first distinguished from measles in a work by Giovanni Filippo Ingrassias, a celebrated physician and anatomist of Naples, published in 1556; but these two diseases were, doubtless, often confounded, up until the time of the English physician, Withering, who, in an essay published in 1778, pointed out clearly the distinctive differences between them. It was not regarded by Sydenham as a very serious disease. In his works we are told: "If we overtreat the patient by confining him to bed, or by throwing in cordials and other superfluous and over-learned medicines, the disease is aggravated and the sick man dies of his doctor." It is not improbable that many cases of it, in our day, are "overtreated" with "learned medicines," and consequently, that many a one suffering from it "dies of his doctor." However, as known to us, it is often a very malignant disease, one which every manner of treatment is powerless to resist. In some outbreaks of it over fifteen per cent. of the patients have perished.

#### Relations of Climate to the Disease.

Almost all medical writers who see fit to say anything on the subject declare of scarlet fever, as does Dr. Bristowe, in his "Practice of Medicine," that "its prevalence seems independent of season and of climate." It is worth while to look and see if this statement may not be questioned. The influence of climate on it may be disposed of first. Considerable light ought to be cast on this subject by the mortality statistics of the United States, collected for the census year ending June 1st, 1870. From them can be gained at least an approximately correct idea of the extent of its ravages in different sections of the country. The following table gives the number of deaths from it, to 100,000 of the population, in each of the States:—

Alabama.....	1.3	Maryland.....	42.4
Arkansas.....	3.3	Massachusetts....	62.8
California.....	85.3	Michigan.....	60.0
Connecticut.....	54.0	Minnesota.....	54.1
Delaware.....	48.3	Mississippi.....	2.9
Dist. Columbia..	53.0	Missouri.....	61.0
Florida.....	5.5	Nebraska.....	83.3
Georgia.....	1.0	Nevada.....	352.5
Illinois.....	85.1	New Hampshire....	30.0
Indiana.....	21.0	New Jersey.....	85.6
Iowa.....	27.3	New York.....	77.7
Kansas.....	98.3	North Carolina..	1.3
Kentucky.....	6.0	Ohio.....	20.7
Louisiana.....	9.4	Oregon.....	17.7
Maine.....	63.0	Pennsylvania....	169.4

Rhode Island....	88.5	Vermont.....	16.3
South Carolina...	2.5	Virginia.....	3.5
Tennessee.....	2.3	West Virginia...	35.6
Texas.....	2.4	Wisconsin.....	96.7

This table shows that the disease is far more common, or at any rate that a far greater number of deaths occur from it, in proportion to the population, in the northern than in the southern States of the Union. Dr. Drake, in his work already quoted from, says that epidemics of it "have been far more frequent and fatal in the middle and northern than in the southern States." From the table it would seem that it is, in most of the southern States, a disease of minor importance. The greatest mortality from it is not in the most northerly, but in the middle States, as regards latitude. It is proper to say here that it may be justly assumed that the relative mortality in different sections of the country is very similar every year to what it was in the census year.

#### Relations of Season to the Disease.

In his account of scarlet fever, Sydenham says, "It may appear at any season; nevertheless, it oftenest breaks out towards the end of summer." An examination of the mortality statistics of the city of London for the thirty years ending with 1874, made by Mr. Buchan and Dr. Mitchell, shows that the maximum death rate occurs in October and November, and the minimum in March, April and May; there being sixty per cent. more than the average in the former and over thirty less than the average in the latter months. Evidently the season has something to do with it there. In the "Treatise on Diseases of Children," by Drs. Meigs and Pepper, it is said: "The disease prevails at all seasons, but it is most frequent in the spring and summer, and next in the autumn." This is all that is said on the subject, and whether or not the statement is based on statistics of the nation or of the city of Philadelphia, or is merely a surmise, does not appear. The mortality from the disease in the United States, in the census year ending June 1, 1870, is, with the exception of five deaths of unknown dates, distributed over the months as follows:—

January.....	2205	July.....	1216
February.....	2393	August.....	1096
March.....	2726	September.....	927
April.....	2294	October.....	1000
May.....	2146	November.....	1281
June.....	1326	December.....	1705

Here it is seen that in the first quarter there were 7321 deaths; in the second 5766; in the third 3239; and in the fourth 3986. According to the season there were in spring 7166 deaths;

in summer 3333; in autumn 3208; and in winter 6303. The order of fatality of the months, beginning with the one in which it is greatest, is: March, February, April, January, May, December, June, November, July, August, October, September; and of the seasons: spring, winter, summer, autumn. The following table gives the mortality from the disease in Philadelphia for the seventeen years ending with 1878, in each month:

January.....	882	July.....	586
February.....	779	August.....	440
March.....	912	September.....	309
April.....	816	October.....	439
May.....	838	November.....	548
June.....	787	December.....	705

Here it is seen that the mortality in the first quarter was 2573; in the second, 2441; in the third, 1335; and in the fourth, 1692. According to the season, there were in spring 2566 deaths; in summer 1813; in autumn 1296; and in winter 2366. The order of fatality of the months is: March, January, May, April, June, February, December, July, November, August, October, September; and of the seasons: spring, winter, summer, autumn. It would appear that the meteorological conditions from toward the end of June forward until near the end of October tend to restrict and destroy the disease. This effect may not be direct; it may be brought about indirectly, through either a change in the human organism or a change in the mode of life of the people, or both.

Now, there is a remarkable difference between the seasonal relations of the disease in London and in Philadelphia; in the former the mortality from it is greatest in autumn and least in spring, and in the latter it is greatest in spring and least in autumn—a complete contrast. How can this be accounted for? If the disease is regarded as directly subject to climatic conditions, of course, it may be said that in London the climate in autumn is most favorable to the development of the disease, and that in Philadelphia the climate in spring is most favorable to its development. The mean temperature of the months (October and November) in which it prevails most in London is 48.2°, and the relative humidity 85; and the temperature of the months (March, April and May) in which it is least prevalent is 47.3°, and the humidity 77. Of March, the month in which most deaths from it occur in Philadelphia, the mean temperature is 39.6°, and the relative humidity 67.7; and of September, the month in which least deaths from it occur, the temperature is 65.8°, and the humidity 70. From these figures it would appear that if the cause of the disease is a germ, a living or-

ganism, and it is subject to climatic conditions, it must be different in nature as found in the two cities. Again, if the doctrine that the degree of prevalence of diseases at different seasons of the year is dependent on the "varying degree of vital action proceeding within the body at the different seasons of the year," as Dr. Edward Smith puts it, is true, and the cause of the disease is one and the same everywhere, it follows that the condition of the body in the two cities must be the reverse at the two seasons. Here is a most interesting problem for the practical physician to consider. And again, if the prevalence of the disease is to a great extent dependent on certain complex social conditions and surroundings, which vary with the season, these must be best unfolded at contrasting periods of the year in the two cities. It is certain that the matter is difficult of explanation.

#### Cyclic Nature of the Disease.

A remarkable feature of scarlet fever is the secular variation in its degree of prevalence from year to year, which is noticeable. In an article on epidemic cycles, in the *British Medical Journal*, September 1st, 1877, Dr. Ransome shows that this disease prevails to an unusual degree every fifth year. This law is very observable in the records of it in Philadelphia. The number of deaths from it each year, for sixteen years, is as follows:—

1864.....	349	1872.....	174
1865.....	624	1873.....	319
1866.....	491	1874.....	461
1867.....	367	1875.....	1032
1868.....	224	1876.....	328
1869.....	799	1877.....	359
1870.....	956	1878.....	554
1871.....	262	1879.....	336

The probability is very strong, then, that it will be very prevalent in 1880. The probability of its prevailing in a severe form is so great that the health authorities of the city should put forth extraordinary efforts to prevent it. No pains should be spared to avert, if possible, the impending calamity, to smite powerless this dreadful enemy of the nursery.

How is this cyclical feature of the disease to be explained? Possibly, every fifth year an unusual number of persons very liable to contract it have accumulated. At any rate, I do not know that there is any special peculiarity in the meteorology of every fifth year; nor am I aware that there is any astronomical or other reason why there should be. Compared with the mean per month of the three years ending with 1877, however, the temperature in 1875 was about four degrees lower in January, February, March and

April, and somewhat lower in every month excepting May and December. The pressure was above the mean in every month excepting April, May, October and December. The rainfall was a little less than usual in each of the first seven months; and the wind was slightly less in most of the months, and easterly to an unusual degree in March. The first four months of 1875 averaged nearly six and a half degrees lower than those of 1874. Certainly, as far as temperature was concerned, it was a remarkable year. The greater cold than usual of the early months could not be without effect on at least the social behavior of the population, which is intimately related, I believe, to the prevalence of the disease.

#### Meteorologic Relations of the Disease.

Temperature, humidity and other meteorologic conditions which favor the prevalence of scarlet fever, are doubtless, to a degree, special to each locality. The conditions that would most favor it in London might, and do, have far from the same effect on it in Philadelphia. The local conditions, including the condition of the population, have to be taken into account; and the variation of these from year to year, from month to month, makes it all but impossible to point out the meteorologic conditions most favorable to it in any place for any length of time. Careful consideration of the matter teaches me that, from the mortality statistics of the disease, it would be useless to attempt to draw any conclusions save the very general ones on the subject given above. From a correct record of the cases of the disease and their date of origin, a more detailed study might be profitably made; but a contagious disease admits of but limited inferences of this kind. However, it should be remembered that, as a freezing temperature stops all activity in organic matter and low organisms, it may be taken for granted that if the disease were due to an infection propagated in the atmosphere, a heavy frost would put an end to its existence. A high heat would have a similar effect. Doubtless, too, both a very low and a very high temperature would render inert the exhalations from a person suffering from the disease. A moderately high temperature and humidity is most favorable to vital activity; hence, such an atmosphere is most favorable to the spread of the infection of any disease. This is witnessed in the increase in mortality from the disease toward the end of spring, in spite of counteractive influences, which are evidently then at play, and which are very palpably felt later in the season. From such considerations the practical physician should

draw useful lessons. In recommending a warm room for a patient suffering from the disease, or from any other of the zymotic class, one advises just what favors most the contraction of it by those that are near. Not only for the sake of those that are near to him, but for his own, the patient should be kept, as a rule, in a room the air of which is cold and dry; for contact with and breathing such air cannot but be antipyretic. In speaking of the treatment of measles, in an essay on that disease, Dr. Rush makes some remarks which are very applicable to the disease now under consideration. He says, "In the admission of fresh air I observed a medium as to its temperature, and accommodated it to the degrees of action in the system. In different parts of the country, in Pennsylvania and New Jersey, I heard with great pleasure of the cold air being used as freely and successfully in this disorder as in the inflammatory smallpox. The same people who were so much benefited by cold air, I was informed, drank plentifully of cold water during every stage of the disorder." The Doctor got this plan of treatment from Sydenham, and it fully includes, in principle at least, the heroic treatment of the disease under consideration by the free application of ice, which was suggested and forcibly advocated by Dr. Corson, in this journal, some eight or nine years ago.

(To be Continued.)

#### THE RELATIVE MERITS OF THE GYPSUM JACKET AND ADJUSTABLE SUPPORTS IN THE TREATMENT OF SPINAL DEBILITY.

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So great has become the prevalence of spinal irritation, caries and curvature, as to make the question of the *best* means of their mitigation an absorbing topic. I select two for comparison, the Gypsum Plaster Jacket and the Spinal Prop.

As both plans embody merit, I propose to impartially analyze their *modus operandi*, in the light of physiological law and of natural philosophy, with a view to settling the question as to which of them afford the *greatest* advantages, both as to the temporary and immediate, and the *ultimate* and *permanent* interest of the subject.

We will suppose the *subject* to be somewhat as follows: the bodies of some of the vertebræ are softened or tending to softening, to say the least; their intervening cartilages are seriously compressed, widened and thinned; the *face* of the



spine is shortened, and its dorsum correspondingly extended; the spinous ligaments and dorsal muscles, in consequence, are put upon a corresponding strain, and the superincumbent weight of the superior trunk, by an acquired leverage, is coerced to increase these abnormal conditions, and all of these conjointly must tend to progressive irritation, inflammation, softening and absorption of cartilage and bone, and also, to a painful strain upon the spinous ligaments, and an attenuation and exhaustion of the spinal muscles. It must also tend to compress the *primæ visæ* and depress the diaphragm; impede free respiration and depress all the pelvic organs; also, to impede the force of the sanguineous and nervous circulations in the inferior extremities. Add to all this, also, the fact that there is probably a constitutional cachexy; and further, that the nervous system greatly preponderates over the osseous and muscular, which is much against the patient.

Now, in order, first, to comfort, and secondly, to save the patient (apart from requisite constitutional treatment), several things imperatively demand to be done—

1st. Crushing superincumbent weight must be removed from the softening points of the spine, compressed cartilages, exhausted spinous ligaments and muscles.

2d. There must be some actual *lifting* force brought to bear upon the depressed abdominal viscera and the settling upper trunk, so as to assist the inadequate abdominal and spinal muscles in lengthening the shortened face and shortening the elongated dorsum of the spine.

3d. There must be no depressing influence left upon the abdominal and pelvic viscera, or upon the circulating communications of the extremities; and no compression of the first digestive organs, nor any restriction on the freest movements of the ribs, lungs or heart.

4th. And whatever we may do, nothing must compromise or jeopardize the largest strength and activity of the spinal, abdominal and pectoral muscles.

Each of these points are of *cardinal* physiological importance, more especially as relates to the permanent reestablishment of the patient; and none of them may in any wise be disregarded for mere *temporary* advantage. With all these points in mind, we will proceed to give the patient what support and erection we can by the application of the Gypsum Jacket. Look at it on the subject. We see it to be a skin-fitting and unyielding appliance; that it fits with such tightness and uniformity everywhere that the patient

can stand, and is really straighter. Settle down he cannot, for he is literally hugged and squeezed into some straightness.

Now, were there no other considerations than that of straightening the spine to be looked after, we might always depend on an almost indefinite amount of improvement by this process, aggressively managed. But how does this mere circular jacket accomplish all the above-named indications? Certainly, not by the slightest direct vertical support or elevating action on the depressed abdominal organs or settling upper trunk, nor by any actual supporting, expanding or spring action; but on the contrary, by a mere circular, horizontal and squeezing action, and that, too, around the middle of the trunk, and over those vital organs which demand the freest action in the performance of their indispensable functions.

Let us scrutinize the internal working of this process. First, the stomach, liver and spleen are being compressed, which will tend to derange the process of digestion; the bowels are also more or less depressed, which will tend to induce urinary irritation, constipation, piles and uterine obliquities and displacements from bowel weight, and this pressure is also liable to be extended to an obstruction of the nervous and sanguineous circulations, inducing numbness and weakness of the inferior extremities; and the most palpable of all, the action of all the pectoral muscles and lungs is seriously impeded, so that respiration has mainly to be performed by the abdomen, while in the case of a scrofulous and consumptive tendency, the lungs are in danger of congestion and lack of necessary motion.

Suppose that these visceral effects are sometimes averted, still, with so small an opportunity for the restoration of the spinal, pectoral and abdominal muscles by inherent effort, how is the patient to recover his wonted strength? For, in real truth, muscular laxity is always a strong underlying element in the case, and has been more influential in its establishment than was any specific local nucleus of disease in the spine; hence, the reënfanchisement of the whole set of trunkal muscles is second to no other object in the treatment, and this enfanchisement has to come mainly through systematic effort.

I have asked the above questions with emphasis, in view of the fact that my early and later efforts to mitigate uterine, spinal and other weaknesses by artificial supports, were, and still are, met by the objection that if you support a part that should support itself, it becomes weaker, and you will always have to support it; and yet

here the cure is attempted by a process which *literally* paralyzes muscular effort, and is a direct infringement upon the most vital functions. Notwithstanding this, I am convinced that *force* enough will straighten almost any spine (or a crowbar, even); but by this method how are you to keep it straight and give *permanent* spinal and muscular vigor to the body? But these criticisms may be met by the citation of cases of complete success in curvature and caries, and of complete restoration to muscular vigor, just as in the case of fractures, etc. To this I reply, first, that in fractures there is no *vital* function involved, or any danger to the muscles from their temporary confinement. Next, that the question does not stand, as to what *can* be done, or *borne*, under an emergency, but rather, is there not a *more excellent* way, which is equally effective, and at the same time avoids the specified drawbacks.

We will now, in turn, consider the construction and working of the Revolving Spinal Prop. (See figures 1 and 2.) This appliance consists—

1st. Of a basic framework, which fits so evenly just inside and above the edges of the in-

ing abdominal plate attached, which exerts a strong *upward* action.

2d. This *terra firma* is surmounted by soft crutches, which are held under the axilla by jointed side posts, which are attached to the frame as a base.

3d. Next is a long spinal lever with revolving plates on a hollow square, which is attached at top and bottom to the shoulder crutches and base. Thus we see it is a supplement to the pelvis, spine and chest, and also, to the abdominal, spinal and scapular muscles.

We will now place this appliance upon the subject. (See figure 2.)

1st. We see the pelvic framework sitting quietly inside and above the unyielding pelvis, and ready to bear any desired amount of superincumbent weight complacently.

2d. By the lifting and undulating action of the abdominal plate at the lowest hypogastrium, the depressed viscera are all elevated from the pelvic organs, and the arteries, veins and nerves of the extremities; also, that the viscera are compelled to *ascend* to their normal height to support the upper viscera and expand the trunk, at the now contracted region of the epigastrium.

3d. The jointed side-posts, resting on the arches of the base, force the soft crutches to support and lift the superior trunk off from the cartilages, softening vertebrae and digestive organs, and thus to tend to straighten the settling spine.

4th. The spinal lever and its revolving plates on the hollow square, gently and yet forcibly brace forward the retreating curvature toward its proper spinal axis, and compel the shoulder caps, which are its antipode point, to correspondingly draw back the advancing shoulders. Thus, by the simultaneous and conjoint lifting action of the lower part upon the abdomen, of the crutches under the axilla, and the bracing forward and drawing back action of the revol-

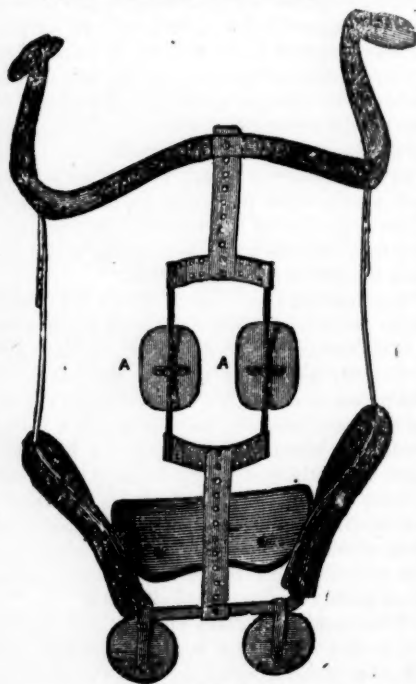


FIGURE 1.

*nominata*, as to make it immovable, and enable it to bear any amount of weight without giving pain. This also has an undulating and support-

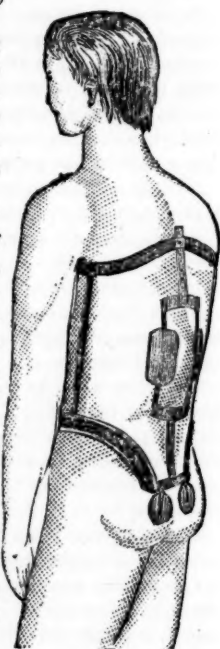


FIGURE 2.

ing plates and the shoulder caps, all the trunkal muscles (and bones as well) are supplemented; the whole trunk, without and within, is lengthened and expanded; the face of the spine is steadily lengthened, and its dorsum shortened; and the dissolving bones and cartilages are relieved of a disorganizing pressure; the pelvic organs and the circulation of the extremities are relieved from any depressing force; the viscera also are restored, and the warming and stimulating support of the bowels; the inverted diaphragm is again concave-convex; the heart is properly supported, and the freest play given to all the organs of respiration.

Furthermore, a mere superficial glance will suggest that there is not one backward, inward or contracting depressing action, nor the compression of one vessel, viscus or muscle; but that, on the contrary, the spine and abdomen are shoved *outward* and *forward*, just as in the action of the abdomen, spine and scapula, when a man thinks enough of himself to bring those muscles into requisition in health.

Without a doubt, curative or mitigating results may occasionally be wrought by both of the contrivances under discussion. But, as before said, the question stands, not as to what has been, or *can* be done, in instances, in *spite of principles*, but rather, which is most in accord with and in imitation of the combined forces of the body, and accomplishes its object with the least contravention of physiological law.

In *bilateral curvature*, unequalized weight from a one-sided base is the cause and perpetuation of the trouble. It is also manifest that to reverse the force of the body's weight to the opposite side, at each point of curvature, is the true principle of cure indicated; consequently, if we shift the body's weight from the right to the left foot we accomplish the desideratum, for this effects a complete reversal of all the crushing and curving forces to the opposite side, at each point of curvature, thereby causing weight to brace against each spinal convexity, and also to relax the strong muscles on one side, and to compel the dormant and lax muscles to commence to work, so that by the joint action of a double reversed gravity and a double reversed muscular action, the bilaterality is crushed and dragged into axis.

But this, like the producing curve, is to be done *specifically* at one part and at the convexity of each curve, if we would have any aid from nature, philosophy or physiology. This action we found in the Centripetal Spinal Lever, which yielding but forcibly braces each curvature

toward the true spinal axis, thereby balancing the body upon the opposite foot and upon the spinal centre, and causing the very weight which made the curvature to restore symmetry and strength by crushing out the same.

But where is there the slightest approximation to a specific lateral action, even at *one* point—and much less at *two*—by the simple coffin or unyielding jacket? It is not and cannot be in it. All that can be done by it is to *stretch* the crooked form, and in that state so unyieldingly confine and stiffen it that it *cannot* crook. In this case the pressing or supporting points will be at the top of the jacket on one side and at the bottom on the other, often pressing at those points with severity, but not one ounce of action but the squeezing one is exerted anywhere, nor the slightest approach to equalization of weight or muscular antagonism. On the contrary, they are discouraged.

*Spinal irritation* is a phase of spinal trouble which, though not necessarily attended by any curvature, is second to no caries in point of the local and general suffering which it involves. It may not involve the slightest curvature, nor any apparent undue compression or inflammation of the cartilages; nor even congestion or redness of the *medulla spinalis* or its meninges. Often, in the worst of these cases, dissection has found none of the footprints of this malady in any of the spinal tissues.

The phenomena are, sense of pain and tenderness over the whole or a portion of the vertebrae; fugitive or permanent pains in some or all of the viscera; pain, pressure, dizziness, confusion and noises in the head, with vigilance, anxiety, sleeplessness and inability to either think or stop thinking. Usually, all these symptoms are aggravated by standing, twisting the body, or walking.

Various and many are the theories of its pathology. Some, that of local spinal irritation; some, reflex action from the uterus and other organs, and probably there is, at times, some truth in each of these in turn; but, as a rule, the corresponding local and internal treatments fail to cure, and very often to ameliorate, even. But by far the most common theory is that of an irritated or diseased condition of some tissue of the spinal column, which must be met by diverting such morbid action to the surface by a counter surface action. This is undertaken, first, by moderate counter irritants, which (as the failures may indicate) are to become more and more severe, from repeated blisters to setons, the caustic potash, and the moxa, and at length, to

the actual white hot iron down the full length of the spine on each side.

But however obscure and unsatisfactory the various pathologies of irritation of the spinal tissues are, and however unsuccessful the counter-irritating treatments are, one thing is nearly certain; if you place your hands under each axilla and gently lift for five minutes, or if you, at the same time, support the abdomen and the small of the back, the greatest sufferers universally speak of a sense of rest from uneasiness and pain. Now, while this cannot prove the existence of any particular condition of the spine, it must clearly show that weight and friction on the vertebræ aggravate the local and radiated sufferings, and most forcibly suggests that a *part* of the remedy, at least, is to elevate the abdominal viscera from the irritable uterus and ovaries, and at the same time a part of the weight from the irritable cartilages, ligaments and nerves, and also to preserve the privileges of air, exercise and the diversions of society.

For the accomplishment of all this, we have, first, the circular and mere horizontal supports, of which there are two kindred varieties, first, the Gypsum Jacket, second, the Laced Jacket, armed with spiral springs. The action of the first is like a broad hoop to a slim, green putty figure, and does not remove *any* weight, either by supporting the abdominal organs or the weight of the upper trunk.

The second class of supports is that represented by a modification of Fig. 1. This appliance differs from Fig. 1 only in having no hollow square, because there is no curvature; its long lever here acting simply as a *bracing support* or an artificial spine. The interpretation of the whole is, first, to elevate and compact the whole line of viscera from the uterus, and compel them to support the spine from within, as the body does its garments; next, to protect the irritable points from a constant aggravating weight and from jolts; third, to push forward the dorso-lumbar curve, so as to relieve the vertebral bodies and cartilages from pressure, by balancing the weight of the body directly over and upon the central processes of the spine.

—Prof. Barbeck, at the recent meeting of the Philadelphia Academy of Natural Sciences, directed attention to the statements contained in the German papers, that Mr. Wickersheimer, of the University of Berlin, had prepared a fluid for the preparation of animal and vegetable tissues which surpasses anything before known, in its power of preserving the color, form and elasticity of specimens treated with it.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE BY PROF. DA COSTA,  
JANUARY 3, 1880.

REPORTED BY FRANK WOODBURY, M.D.

#### Aphasia—Re-education of Adult Brain.

I thought, gentlemen, that you would be interested in learning the progress of some of the cases that have been before you lately. Here is one case of aphasia, associated at first, as you remember, with hemiplegia, and subsequently with rigidity of certain muscles of the right side, involving the upper extremity particularly. His loss of speech was so marked that his whole vocabulary was limited to two words, "yes" and "no;" the "yes" predominating, "no" being used only on rare occasions, and less clearly enunciated.

This case we analyzed at our former meeting\* with some care, and finally concluded, and so stated our belief, that the central lesion producing these symptoms was situated in the anterior portion of the left cerebral hemisphere, in what has been called Broca's region, more particularly the third inferior frontal gyrus, the trouble being connected originally, as we believed, with the formation of a small clot, around which there was subsequently developed an incipient area of softening, at least to a limited degree.

Our treatment was directed principally to improving the nutrition of the brain, in order to restore, as far as we could, the injured part to its original condition, and bring back the power of speech, by reviving the function of the speech centre. As the class will recall, we made a number of tests which demonstrated conclusively that the muscular apparatus of articulation was not paralyzed on the one hand, and on the other hand that his intelligence and powers of comprehension were not impaired, as he performed complicated movements when requested to do so. The fault lay principally in a loss of the power in the speech centre to coördinate the muscles of phonation so as to produce certain sounds (aphasia), and secondly, it was found that his memory of words was also impaired to a certain extent (amnesia). The inability to write certain words (agraphia) was present to such a degree in this man that he could not write anything, but we have some doubts as to whether he had ever acquired the art of writing. [It was subsequently ascertained that the inability to write was due to ignorance.]

The general improvement of the nervous centres we endeavored to accomplish by the use of the phosphates, cod-liver oil, and the occasional administration of iron. He was also kept at rest and had good food, in other words, a regimen that would clearly supply alike nutritious material to the general system and indirectly serve to build up and regenerate nerve tissue. That was the first indication. As to the manner in which this part of the treatment has succeeded, I shall tell you that the man's general nutrition has im-

\* See REPORTER, vol. xli, p. 533.



mensely improved. He has gained flesh and has a good color; the right-sided hemiplegia and subsequent muscular rigidity have almost entirely disappeared; if we except some feebleness of grasp of the right hand, which still exists, we may say that little or no evidence is present of what was once a most marked condition. It is but fair to remark, in connection with the previous history, that while under observation he has had several convulsions preceded by vertigo. These attacks were sudden in their onset, brief in their duration, and generally followed some excitement, such as prolonged conversation or entertaining visitors; they were associated with flushing of the face and all the signs which we usually associate with marked cerebral congestion. This was an additional proof of a cerebral lesion, with persistent organic changes, accompanied by capillary hyperæmia. These spells were attended by unconsciousness, which, however, did not continue long, and shortly after these attacks he seemed as well as before; the aphasia did not increase, nor was there any lasting impairment of intelligence. The symptoms have improved but not yielded to treatment, nor can I say that they will ever entirely yield to treatment. The prognosis, as I told you before, is not favorable as regards perfect recovery.

But there is another part of the case in which you may be interested, as I confess that it is the part that has interested me the most. You will ask "has the speech come back," and "what success has attended our efforts to cultivate his memory of words?" You shall see for yourselves in a moment, if there is any improvement or not. As a child is taught to speak, word by word, so we have systematically trained him daily to repeat words, and finally sentences. It was the education of an adult brain. It required a good deal of trouble and a good deal of time, in order to attain a success; the credit of which belongs to the resident physician, Dr. Wetherill, who took this trouble and gave the time, making him repeat, word after word, his daily lesson. Gradually, he became so that the words remained in his memory, and he was, after many efforts, finally able to enunciate them clearly. The man was re-educated. Partly as a result of this improved brain nutrition, and partly because the constant practice enabled him to again associate words and ideas, he soon began to say things that we had not taught him, and mentioned matters connected with his previous life of which we were ignorant, such as the fact that he had once driven a milk wagon, which we did not know, and there was nothing in our words to suggest to him.

The treatment, therefore, has been largely successful. You may ask me in reference to a remaining feature of the treatment: "Had the electricity applied to the muscles of articulation and the tongue any influence upon the result? Could this systematic peripheral irritation have anything to do with the stimulation of the speech centre by reflex action?" I am inclined to think that it had. At all events, it was carried out systematically, weak Faradaic currents being applied with the electric brush to the tongue and anterior part of the larynx.

Having told you about the treatment, I will

now exhibit the case, in order that you may judge how much improvement there has been since the former occasion when we examined him, and particularly, how much the power of speech has improved, as well as the general mental condition. If the patient do not fail me, from nervousness at being brought before us, you will see a proof of his great recent accomplishments. We will now test him: He walks well, has a good grasp, and all the movements of the hand, and follows me intelligently with his eyes, and indeed, rather anticipates my directions. He puts out his tongue readily, and as Dr. Wetherill conducts the exercise, he gives correct answers when asked the names of the different resident physicians; and now reiterates the statement that he was first in the "milk wagon business" and subsequently in the "tavern business;" as you see, he gives quite intelligent answers.

Now, gentlemen, here is a proof of the re-education of the adult brain. The man carries on a connected conversation, and unless hurried, he answers questions fairly well, so that you can understand what he means, and this conversation could be carried on for hours. I consider that this was a triumph of patience, to bring him up to his present state; nor do I think he will stay here, but will continue still further to improve, within reasonable limits. He will regain his speech so as to be able to attend to his business and answer all ordinary demands, except that he will hereafter, in all probability, be subject to occasional attacks of cerebral congestion. He can go about his work from morning until night if nothing happens to flurry him. He would be liable, however, at any time, under great nervous excitement, to be deprived again of the power of expression, from aggravation of the original trouble. The brain, however, will never regain, absolutely, its normal condition.

#### Case of Sarcina Ventriculi and Dilated Stomach— Injections with Alkaline Solutions.

Now I will show you another patient that you have seen before, whose progress I wish to report to you. This was the case of dilated stomach, in which we washed out the stomach four weeks ago, in your presence. We have since continued these washings as part of the systematic treatment. You may remember that I brought out my diagnosis before the class; and in my examination demonstrated the greatly increased limits of the dilated stomach by the altered area of percussion sound. I also told you that we had found sarcinae in the vomited matter, which showed a frothy scum, and which he ejected in large quantities almost every day. As I then explained the diagnostic points, which were systematically passed in review, I need not dwell further upon them at present. What you particularly want to know is, what have been the results of the treatment by washing out the stomach? Gentlemen, they have been extremely favorable. It is true that the washing out of the stomach was attended with a good deal of difficulty. The patient, at first, struggled against it, and it required considerable perseverance and courage on the part of both patient and resident physician in order to effect it. But the patient has now become so

the actual white hot iron down the full length of the spine on each side.

But however obscure and unsatisfactory the various pathologies of irritation of the spinal tissues are, and however unsuccessful the counter-irritating treatments are, one thing is nearly certain; if you place your hands under each axilla and gently lift for five minutes, or if you, at the same time, support the abdomen and the small of the back, the greatest sufferers universally speak of a sense of rest from uneasiness and pain. Now, while this cannot prove the existence of any particular condition of the spine, it must clearly show that weight and friction on the vertebrae aggravate the local and radiated sufferings, and most forcibly suggests that a *part* of the remedy, at least, is to elevate the abdominal viscera from the irritable uterus and ovaries, and at the same time a part of the weight from the irritable cartilages, ligaments and nerves, and also to preserve the privileges of air, exercise and the diversions of society.

For the accomplishment of all this, we have, first, the circular and mere horizontal supports, of which there are two kindred varieties, first, the Gypsum Jacket, second, the Laced Jacket, armed with spiral springs: The action of the first is like a broad hoop to a slim, green putty figure, and does not remove *any* weight, either by supporting the abdominal organs or the weight of the upper trunk.

The second class of supports is that represented by a modification of Fig. 1. This appliance differs from Fig. 1 only in having no hollow square, because there is no curvature; its long lever here acting simply as a *bracing support* or an artificial spine. The interpretation of the whole is, first, to elevate and compact the whole line of viscera from the uterus, and compel them to support the spine from within, as the body does its garments; next, to protect the irritable points from a constant aggravating weight and from jolts; third, to push forward the dorso-lumbar curve, so as to relieve the vertebral bodies and cartilages from pressure, by balancing the weight of the body directly over and upon the central processes of the spine.

—Prof. Barbeck, at the recent meeting of the Philadelphia Academy of Natural Sciences, directed attention to the statements contained in the German papers, that Mr. Wickersheimer, of the University of Berlin, had prepared a fluid for the preparation of animal and vegetable tissues which surpasses anything before known, in its power of preserving the color, form and elasticity of specimens treated with it.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE BY PROF. DA COSTA,  
JANUARY 3, 1880.

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convinced of the value of it, that when, in the ward the other day, I told him that it would be discontinued, instead of being pleased at the prospect, he really grumbled.

The results of the treatment are that the vomiting has disappeared. Remember, he had been a chronic dyspeptic, and that the daily attacks of vomiting and constant flatulence made his life miserable. The usual remedies common in such cases had been exhausted; the only one to give even temporary relief was bismuth. The vomiting has entirely stopped since the new plan was instituted. Let me tell you that he can now digest a moderate meal without marked inconvenience. His life has again become tolerable. He is brighter looking, more cheerful, has better rest at night, is stronger, and is gaining in flesh, since this treatment was inaugurated. The tongue is clean, and has lost the pasty appearance, indicative of chronic gastritis, that it formerly wore, and corresponds with the improved state of the stomach. When we again examine the stomach by percussion we find it less distinct; it still continues large, although not nearly so much distended as on the morning he was last before you. Nor is he so much troubled with flatulence as he was. In truth, he has in every way greatly improved. At first the stomach was washed out every second day, and then about twice a week. Although at first we employed a siphon arrangement, or Thudichum's douche, with a stomach tube, we subsequently found that the ordinary stomach pump answered better, and finally settled down upon it. The solution used was lukewarm water, and subsequently added bicarbonate of soda, as I told you that weak alkaline solutions were even better than simple water.

Are there sarcine now? I reply that in the last specimen we had the opportunity of examining there were few. This I believe to be partly due to washing out the stomach, and partly to the remedies employed. You recall the prescription containing carbolic acid (gtt.ij, well diluted, three times a day, given after eating), which undoubtedly has seemed to do good. Finding that the sarcine had not entirely disappeared under this treatment, I substituted sulphurous acid, which I also spoke of on the day when I lectured upon him before. We gave him one drachm of sulphurous acid, three times a day, largely diluted with water, and continued this treatment for a week, and since then have had no opportunity of examining any vomit. The bulk of this improvement is due to the carbolic acid on the one part and washing out the stomach on the other part.

As the occasion for these remedies has, in great degree, passed, we can now stop them, and put him upon nux vomica. He had previously taken strychnia and nux vomica, occasionally, as part of a former treatment; he shall now have it regularly, but we shall still give the sulphurous acid half an hour after meals. We will gradually allow him a more varied diet, and will test the capabilities of his stomach by degrees, by allowing him a good dinner each day, though adhering to the milk and broths for breakfast and supper.

These two cases I thought would be interesting

to show you, as illustrating the effects of treatment. The next two are a little different, but are also of interest.

#### Treatment of Chronic Constipation by Belladonna.

In a case of typhoid fever in the house, which was the subject of a former clinical lecture, you will remember, gentlemen, that constipation occurred at the end of the disease, and the constipation finally became so marked that it was necessary to put a stop to it. It did not seem proper, as the man was just recovering from typhoid fever, to administer ordinary purgatives, as he might have some still unhealed ulcers in the intestine, or only partly healed glandular patches. I say it did not seem proper, under these circumstances, to give a cathartic medicine with a view to opening the bowels. We did, however, give a simple laxative once or twice, but with only temporary relief. We then turned to another plan of treatment, and gave him a tablespoonful of sweet oil at night, and in the daytime he took the following—

R.	Ext. belladonnæ fluid,	gtt.j
	Tinct. cinchonæ comp.,	i.3j. M.

three times daily.

The effect of this was admirable. In a day or two after commencing this treatment he had a healthy passage every morning. It was a simple treatment but it has been a very effective one. I then tried to see if, after all, it was not the sweet oil which had produced this effect. We omitted the oil, but the bowels continued regular. It was not the olive oil, but the prescription that accomplished this result; but there is no doubt but that the sweet oil aided at first, by permeating and softening the hardened fecal masses. This was one case.

Here is the second patient. A man, 50 years of age, has been a chronic dyspeptic, and for a long time has been troubled with constipation. He tells us that the bowels were only moved after taking medicine, and this condition became so obstinate that he at last came to the hospital to see if he could get any relief from the confirmed constipation, and other dyspeptic symptoms.

Four or five days without a movement, he tells us, was the rule with him; then he was driven to take some active medicine to get relief. This had been going on in the manner so marked for three months, but for a long time before he had been dyspeptic and had a tendency to constipation.

Now, gentlemen, when he came in we gave him a light bitter tonic, and an occasional laxative. We learned by observation that his statements were correct in regard to his digestion. We ceased this treatment and turned our whole attention to the constipation, judging that until this had been overcome the dyspepsia could not be more than palliated. The diet was first regulated carefully, but no effect was obtained. We then employed a treatment that I have seen do good in private practice—electricity. The Faradaic current was applied, one pole being applied to the spine, at the small of the back, and the other to the anterior part of the abdomen. It was thus employed daily. The muscular contractions were marked, but the effect upon the constipation



was not to be perceived. I have seen this treatment give relief. Only recently I have seen one of my patients who uses it with satisfactory results, but he applies one pole to the loins and the other to the rectum, and thus, gradually, improvement in the contractile power of the peculiar muscular fibres in the intestinal wall has been produced and peristaltic action increased. In the present case electricity failed to induce the desired effect. We then thought of the advantage resulting from the treatment of the typhoid case already referred to, which we repeated in all its details, commencing at a time when he had not had a movement of the bowels for a week. We gave him sweet oil at night and one drop of the fluid extract of belladonna, in the cinchona, three times a day.

The effect was admirable, and just as marked as in the case first cited. The movements soon became perfectly normal. Since the constipation has been relieved the dyspeptic symptoms have also become much better. His tongue is clean, and in every respect he is improving. It seems a simple treatment, but it has been a very effective one.

We did then the same thing as in the former case. In order to determine how much the oil had to do with it, when the relief had been obtained and improvement inaugurated, we stopped the oil, but the bowels have since continued to be regularly moved, while merely taking the belladonna and cinchona mixture.

Gentlemen, it may be worth your while to remember this plan of treatment of chronic constipation, whether occurring from want of tone in the bowels as a result of typhoid fever, or from chronic dyspepsia, as in the present case. It is simple, and trustworthy.

Analyzing this treatment, in order to determine to what agent its efficacy is due, we conclude that it is chiefly the belladonna that produces the effect, as Trousseau long ago taught us; although it is one of the valuable old observations in medicine that have been half forgotten. He showed that it stimulates the peristaltic movements, and when there is want of muscular power in the non-striated fibres of the intestinal wall, belladonna is invaluable. It tones up these muscles, enables them to contract more vigorously, and thus favors peristalsis.

This is just what was needed in the cases discussed. I would not have you understand me as saying that it will be always equally successful, but when systematically employed, belladonna will be found invaluable in a large number of cases. As a matter of practice, I generally combine it with some bitter; such as compound tincture of gentian, tincture of cardamom, or infusion of gentian, but more often with compound tincture of cinchona, as in the prescription ordered.

Before dismissing the patient, let us look a little further into the case, to see whether all the credit is to be given to one therapeutic agent. I think that we must certainly acknowledge that the treatment by sweet oil has also been of use in starting the improvement. It was not, however, due to it entirely, because the regularity of bowels continued after the oil was stopped; but at the beginning, before the belladonna was

fairly under way, it was effective in keeping the fæces from becoming hard and scybalous.

I might state, in conclusion, that there have been no constitutional effects from the belladonna, no dryness of the throat, nor dilated pupils; we will, therefore, continue the treatment. We will keep a careful watch upon him, however, and stop the prescription on any appearance of constitutional impression. Should this occur we will simply give him a teaspoonful of sweet oil at night.

## MEDICAL SOCIETIES.

### THE RHODE ISLAND STATE MEDICAL SOCIETY.

A quarterly meeting of the Rhode Island Medical Society was held in Lyceum Hall, Providence, on Wednesday, December 17th. The meeting was called to order at 10.35 A.M., the President, Dr. E. T. Caswell, in the chair. The records of the last meeting were read and approved.

A communication was read from Dr. Frederick Horner, Jr., of Virginia, relative to the formation of an American Mutual Aid Association. Upon motion the matter was laid on the table temporarily. By invitation of the President, Dr. Fuller, of the Rhode Island Hospital, exhibited a number of microscopic specimens prepared by himself. The President announced the death, since the last meeting, of Dr. S. S. Drury, of Bristol. The Secretary read an obituary notice of Dr. Sylvanus Clapp, of Pawtucket.

Dr. C. H. Leonard read a paper upon the "Treatment of Scarlet Fever." What can we do to prevent it, and what can we do to cure it? The physician must look after the cases thoroughly, make frequent visits, and nurse the patients, as it were. He must give explicit directions as to care and treatment, and see that they are carried out. For the prevention of the disease he recommended, first, quarantine, for a week, of all who have been exposed; second, removal of those liable to exposure; third, isolation of the patients; fourth, disinfection of the premises and everything liable to infection. Regarding treatment, proper nourishment was of first importance; give food that will be assimilated readily. Rest and ventilation are important factors in the treatment. The Doctor spoke at length in regard to the use of oxygen gas as an inhalant. The discussion following the paper was mainly upon the use of oxygen and the best methods of its preparation.

Dr. H. G. Miller, in response to an inquiry regarding the treatment of the sequelæ in which the eyes and ears were affected, said that in ear complications the application of a leech would be of benefit in certain conditions. If carbolic acid solutions are used to wash out the ear they should be very weak. He preferred mild astringents, like sulphate of zinc, two or three grains to the ounce of water. Scrupulous cleanliness, by the use of frequent injections of warm water, is of the greatest importance. Eye complications are difficult to control, oftentimes.

Atropia should be used in some cases and avoided in others. A mild solution of eserine is often useful. In cases of dryness of the cornea, pay attention to the frequent closing of the lids, in order that they may be lubricated.

The report of the Board of Censors was read, accepted and ordered to be placed on file.

The President appointed as delegates to State medical societies: Maine, W. E. Anthony, T. C. Lawton; New Hampshire, J. Hanaford, O. C. Wiggin; Vermont, G. W. Jenckes, C. H. Leonard; Massachusetts, J. W. C. Ely, G. A. Pike; Connecticut, G. D. Hersey, H. L. Crandall; New York, C. T. Gardner; S. W. Francis; New Jersey, C. O'Leary, A. C. Dedrick.

Dr. T. K. Newhall read an obituary notice of Dr. Samuel Mowry, of Smithfield.

The report of the committee appointed to consider the feasibility of petitioning the Legislature for a law regulating the practice of medicine and the registration of physicians in the State, reported that they had considered the subject in all its bearings, and were unanimously of the opinion that it would be of advantage to have such a law enacted.

The report was received, and after some discussion, it was voted that the President appoint a committee of three to draft a law regulating the practice of medicine and surgery in this State, and to submit the same to the Society at the next meeting.

The committee to whom was referred that part of the President's address relating to certain changes in the By-laws, reported, recommending a change in the date of the annual meeting, from the second Wednesday to the second Thursday in June. They favored the nomination of Officers by a committee, and in order to make the Board of Censors a more full and fair representation of the whole Society, they recommend that at least one member of the Board be chosen from each county, and three at large. The report was received, and upon motion of Dr. Anthony the matter was referred back to the committee to draft suitable amendments to the By-laws and present them at the next meeting.

Harriet G. Belcher, M.D., of Pawtucket, and Henry W. Stillman, M.D., of Cumberland, having been recommended by the Board of Censors, were duly elected fellows of the Society.

Dr. T. Newell, Chairman of the Library Committee, made a verbal report of the progress of the library. Pledges amounting to several thousand dollars had been received. Dr. Chadwick, Librarian of the Boston Medical Library Association, being present, was introduced by the President, and gave a history of the foundation of the Medical Library in Boston, and also some practical suggestions regarding the formation of a library here.

Dr. W. E. Anthony read a paper upon the "Causes of Insanity, considered from a Medical Standpoint." He considered that there were two forms of drunkenness, one a vice and the other a disease. The disease may be developed as the result of an acquired habit, or it may be inherited. Its causes were detailed at length, and the duties of the profession concerning it were alluded to.

Dr. R. U. Noyes read a paper upon the

"Proper Disposition of the Excreta of the Intestines and Kidneys." He considered the amount of excrement discharged daily, the importance of this being properly disposed of, and the various modes of disposing of it. He spoke of the sewer system of other countries and cities, and of our own city. Our own sewers, he said, benefit not more than 18,000 people, though double that number could be, by connecting their estates. He gave some statistics concerning our sewer system, and called particular attention to the mode of connecting estates and the manner of plumbing houses, matters in which he believed there is much indifference; and too frequently dangers are encountered and baneful results reaped, instead of the security and blessings possible and intended by the underground receptacles and channels. He made a number of suggestions concerning the proper mode of sewer connections and the evil results from improper connections, and proposed the following remedies for imperfect connections: First. Place two traps in the drain, with a ventilator between, which shall open into the continuation of the drain at a point above all other connections. Second. Never connect a water conductor with a drain. Third. Continue the drain of large size to the highest practical point. Fourth. The top of the main should invariably be open. Fifth. Continue a ventilator from just below each small trap placed under water closets, sinks, set bowls, etc., to the top of the chimney, or terminate it in the main above all other connections. Cesspools are an abomination, and should be abolished entirely.

Dr. Chadwick, of Boston, read several old letters written to Gov. Winthrop, of Massachusetts, on medical topics. Owing to the lateness of the hour, papers by Dr. S. S. Keene, on "Treatment and Cure of Consumption," and Dr. J. E. Tobey, on "Salicylic Acid in Rheumatism," were postponed until the next quarterly meeting. In addition, Drs. W. O. Brown and Geo. R. Fisher will present papers at that time. The President extended an invitation to the members to a reception at his home after the meeting adjourned.

Adjourned to third Wednesday in March, 1880.

W. E. ANTHONY, Secretary.

## BALTIMORE ACADEMY OF MEDICINE.

DECEMBER, 1879.

Reported for the MEDICAL AND SURGICAL REPORTER.

Dr. H. P. C. Wilson reported a case, in which he had removed a vegetating epithelioma (cauliflower cancer) of the cervix uteri with the ecraseur. The growth occupied completely the vagina, down to the vulva. The chain of the instrument, being passed in by means of long forceps and sponge holders, and the non-involvement in it of the adjacent healthy tissues being rendered absolutely certain by careful examination, was made to cut through the mass, but in doing this the posterior vaginal wall was sucked in, so that on the removal of the part sawn through an opening into the peritoneum as large as a silver quarter was found, into which the air rushed with a peculiar moaning sound, along with blood from an artery of considerable size,

involved in the vaginal wound. Hemorrhage was checked by torsion of the bleeding artery, and the remainder of the morbid growth cut away with the thermo-cautery. The clotted blood was now wiped out of the peritoneal cavity by pieces of sponge or long sponge-holders, and a two per cent. solution of carbolic acid injected into the opening with a Davidson's syringe, so as thoroughly to cleanse the peritoneal cavity. The vaginal wound was then closed with silver sutures. Hypodermic injections of morphia were freely given, and by the seventh day the opening was entirely healed up and closed.

Dr. W. stated that he had always condemned the *ecraseur* in operations about the cervix, and this was the first case in which he had resorted to it; he was induced to do so in this case, against his better and more mature judgment, from the fact that the epithelioma was so large as to render its removal with the thermo-cautery very tedious and protracted. His plan had been to cut away the greater part of the cancer with the *ecraseur*, and to finish the operation with the thermo-cautery.

Dr. P. C. Williams read a paper on "The Use of the Forceps in Tedious Labors." Under this head he included all cases in which labor was prolonged beyond the period of safety to mother and child; and this involved not only a question of time but of effects. The causes might be either lessening of the pelvic diameters or malpositions, or over-size of the child. The forceps are only applicable when the os is dilated, or freely dilatable, and the rigidity of the perineum has been overcome by chloroform anæ-

thesia. He preferred the forceps to version. In the latter the head compresses the placenta, interfering with its circulation, and also compresses the soft parts of the pelvis. With the forceps there is not so much need of rapid delivery, and we are enabled to mould the head.

The proper use of the forceps affords great protection to the perineum. Dr. Williams had only had two cases of serious rupture of the perineum in twenty-five years' practice. One of these was in a primipara of forty-five; in the other the rupture was produced by the shoulders after the delivery of the head.

The most common variety of deformed pelvis is that in which the antero-posterior diameter of the superior strait is contracted; when this is reduced to below three and a half inches the result is doubtful. In the last five years Dr. Williams had applied the forceps forty-five times in his own practice, omitting cases in consultation; twenty-one times in primiparæ; twelve times at the superior strait, and usually in the transverse diameter of that strait, without regard to the biparietal diameter of the head. None of the mothers died; four of the children were still-born, and two of these were dead before labor began. The fact was pointed out that the width of the blades of the ordinary Hodge's forceps is about three inches, hence there is great danger of injury to the soft parts when the antero-posterior diameter is less than this.

Dr. Williams has had no case of craniotomy during the last five years. The early use of the forceps and version are resorted to, the less necessary does craniotomy become. E. F. C.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Medical Uses of Milk.

M. Biot, in the *Revue Mensuelle de Médecine et de Chirurgie*, 1879, gives a summary of the clinical facts observed at the Hôtel Dieu at Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutical views on the subject are thus summarized: The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the high rise in temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient. The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from

acute articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *citò, tutò, et jucundè*. The milk diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents, in great measure, that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Besides these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly; density, on the contrary, experiences a proportionate

decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analyses of urine seem to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

#### The Bichloride of Ethidene as an Anæsthetic.

Dr. J. H. Palmer, of Birmingham, writes to the *Lancet*, October 25, of this substance—

I have administered this drug in half a dozen cases, and so far I have met with favorable results. Unconsciousness is produced, so far as my experience goes, with very little struggling, and four and three-quarter minutes was the longest time required. The pulse is slowed, but remains full, and I have not yet met with any symptom of cardiac failure. The breathing was quite quiet and uninterrupted, and there was an absence of all bronchial irritation and frothing at the mouth. Vomiting occurred once in the first five cases, and then was both slight and transient. The sixth case, so far as vomiting is concerned, was not, in my opinion, a fair test. The subject was a child who had come from the country to have an ophthalmic operation performed, and there was an absence of those precautions which can only be insured with in-patients of hospitals and in intelligent private patients. The popular notion seems to be that if a person has to submit to a surgical procedure severe enough to require anæsthesia, a good meal is necessary to carry him through it. A practical application of this notion is inconvenient. Vomiting did occur in this (my sixth) case, but not with severity. The largest quantity used was an ounce; this was given to a boy, eighteen years of age, who had an organic systolic murmur at the apex of the heart, and he was kept unconscious for thirty-five minutes. In all these cases the drug was administered on a piece of lint or a towel. It was obtained from C. A. F. Kalbaum, of Berlin. It is a very expensive agent—I believe 32s. a pound—and should be kept in a capped bottle, for the purpose of preventing evaporation.

#### Treatment of Diphtheria.

The following suggestions are made in the *Lancet*, by Dr. Thomas Gurney:—

The arrest of the disease and nutritious support are our great aim. To succeed in this I have adopted a respirator, made of the ordinary shape and size, the front being minutely perforated. Inside of the respirator I have two or three perforated plates inserted, between which I place common tow (not cotton wool); I then drop on each of the layers of tow ten to twenty drops of a solution of carbolic acid, creasote and glycerine. Should the patient tire of these, I use turpentine or iodine. I place the respirator over the mouth, and keep it continually applied. My next idea is to provide the patient with warm, moist air. To do this I have two kettles of water kept boiling on the fire; attached to the

spouts of the kettles I have an elastic tube of an inch calibre, at the end of which is a spray-like nozzle, which I put immediately under the mouth of the patient. By this means I get my disinfectant remedies carried moist to the throat. As a sedative to the pain I know nothing so comfortable to the patient. Previous to this I take care to give an active purge, which usually removes offensive stools of effete, poisonous matter. Internally I give aconite in frequent small doses—two to four minims of the tincture; at the same time freely supporting the strength with milk, cream and eggs, with or without brandy, beef tea *ad libitum*. As a drink, I recommend patients to take as much chlorate of potash in solution as they can without vomiting. I have found chlorate of potash highly beneficial in all cases of a low typhoid character. If this is objected to, I advise the juice of lemon to be taken—by many thought to be a specific for diphtheria. Should the system be very weak, I prescribe belladonna instead of aconite; but I find better results from the latter. As soon as the urgent symptoms have subsided I order strychnia, with or without nitro-hydrochloric acid—this not only being the best tonic, but also preventing the paralysis which so often follows diphtheria. I have found this treatment to be highly beneficial, but knowing the tendency there is to rheumatism after this terrible disease, I never forget our friend, the bicarbonate of potash.

#### Importance of Attention to Slight Perineal Lacerations.

Before the Boston Society for Medical Improvement (*Boston Medical Journal*), Dr. Lyman read a paper on slight perineal lacerations, which he said were extremely frequent in women who had borne children, so much so that Schroeder estimated that they existed in over one-third and Olshausen in over one-fifth of all parous women. He said that no laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order of their gravity, and more or less likely, of course, in proportion to the extent of the laceration, are, primarily, septicæmia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with consequent derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. He did not mean that all, or many of them, perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urged that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation, with its necessary accompaniment of cicatricial induration.



## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The recent new remedies, or at least several of them, are described in a paper reprinted from the Wisconsin Society's Transactions, by Henry P. Wenzel.

—The Philadelphia *Musical Monthly*, published by B. F. Paris, appears in handsome paper and new type in its January number. It contains a variety of musical news, and also several choice selections and original pieces, which will be sure to have a welcome from lovers of this enchanting art. Price \$1.00 per year.

—A valuable contribution to the study of the blood corpuscles appears in a series of investigations on their structure and other characteristics, by Dr. Louis Elsberg (pamphlet, pp. 49, G. P. Putnam's Sons, New York. Price 25 cents).

—Godey's Lady's Book, for January, presents the current fashions, some well written stories, and a variety of other entertaining matter for family reading. It may be taken with the REPORTER at the reduced rate of \$6.50 for both journals.

—The Annual Report of the State Lunatic Hospital of Pennsylvania indicates that the institution is prosperous and efficiently conducted. In the report of the Superintendent some excellent reasons are given why such institutions should be constructed in the most approved manner and with generous liberality.

## BOOK NOTICES.

*Transactions of the American Medical Association.*  
Vol. xxx. pp. 1028.

We regard this as one of the most valuable volumes of Transactions the Association has published for a number of years. The original articles are numerous, diversified, and nearly all of them show careful study of the subject and much individual research. The discussions are well reported, and many of them have an interest which will be permanent. The specialties of ophthalmology and otology are particularly well represented. In State medicine, articles by Drs. S. E. Chaillé and Horatio R. Storer deserve prominent comment. The latter explains the principle of private protective sanitation by the voluntary association of citizens of a community for that purpose, and illustrates its beneficial effects by the instance of the results at Newport,

R. I. Somewhat allied to this topic is an article by Dr. N. S. Davis, on the prevention of bowel affections in children and adults, as indicated by climatic conditions which give rise to them. An able defense of the use of *veratrum viride* is presented by Dr. G. F. Cooper. In view of the sweeping condemnation of this drug by prominent recent writers, this paper will be perused, no doubt, with close attention. The surgical section includes a number of papers on new instruments, a new method of reducing dislocations of the shoulder joint, and a number of cases. Dr. Sayre adds further evidence to the value of the plaster of Paris bandage. The necrology, by Dr. Toner, bears the marks of his usual careful work. The prize essay, by Dr. A. M. Hamilton, on certain forms of degeneration of the spinal cord, is of moderate length, and a valuable contribution to neurology.

*Transactions of the American Ophthalmological Society, Fifteenth Annual Meeting, 1879.* Published by the Society.

The Transactions fill a pamphlet of about a hundred pages, made up chiefly of articles based on original observations. Of the contributors may be mentioned Dr. H. D. Noyes, who has papers on paresis of the inferior oblique muscles, on plastic operations at the inner canthus, and on statistics of cataract; Dr. H. Knapp, on operations for complicated cataract, and on tumor of the optic nerve; Dr. C. J. Kipp, on dacryocystitis in infants; Dr. G. C. Harlan, on panophthalmitis; Dr. A. G. Heyl, on the diffusion circles of ametropia; Dr. S. Theobald, on treatment of strictures of the nasal duct; and reports of cases by Drs. E. Dyer, D. Webster, W. F. Norris, D. Coggin, T. R. Pooley, C. S. Bull and others. A number of illustrations are inserted in the text.

*Minor Gynecological Operations and Appliances for the use of Students.* By J. Halliday Groom, M.B. Edinburgh, 1879. For sale by G. P. Putnam's Sons, New York City. 12mo, pp. 106. Price \$1.75.

As a handy epitome for the student, this little volume will be found convenient and useful. While in a hundred small pages no completeness or thoroughness can be attained, the main heads of gynecological science are clearly presented, and the main diagnostic and therapeutic principles clearly set forth. For its purposes, therefore, it is well adapted; and, of course, no one would think of relying upon it for more than as a preparation for an examination.

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 A WEEKLY JOURNAL,  
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D. G. BRINTON, M.D., EDITOR.

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#### PLANS FOR REDUCING OBESITY.

Among the complaints which are not maladies which the physician is at times called upon to treat, obesity is one which is frequent and troublesome. The remedies which have been suggested for it class themselves under three heads—

1. Diet. 2. Exercise. 3. Specific Medicines.

The diet plan is well known throughout the civilized world, by the pamphlet of Mr. BANTING, of London, nearly one hundred thousand copies of which, if we recollect rightly, were published in the English language alone. The practical difficulties in carrying out his plan are that it cuts off the very articles most generally prized by fat people, and that it brings about in some constitutions a decided debility, and even certain forms of kidney disease. Nevertheless, we know several persons who have for years regulated their weight and prevented a natural tendency to lay on fat, with very little trouble, by a more or less rigid observance of BANTING's rules.

Every one knows that sufficient exercise, hard,

bodily labor, if you please, will certainly prevent obesity, and remove it when present. The first step in training for an athletic contest is to work off the fat, and there is never any difficulty about it in the hands of a skilled trainer with a willing pupil. But to many it is not at all a pleasant method, and to many more it is practically out of the question, because they have no time and no opportunity to take it up. We are, therefore, often driven to

*Specific Medicines.* The question is, are there any? To begin, certain natural mineral waters have quite a reputation this way. This may seem singular, as a favorite plan to reduce fat, with the older physicians, was, as near as possible, absolute avoidance of all liquids. Thus Ettmüller, writing in 1685, says:—"In obesity remedium infallibile est abstinencia a nimio potu" (*Opera* I, p. 240). But these mineral waters, such as Marienbad, Montmirail, Andabre, etc., are more or less alkaline and laxative, and thus, it is believed, counteract the effect of the fluid itself. Best of all, probably, is sea water.

Not long since, in a number of the *Paris Médicale*, there were some remarks on the treatment of obesity by the administration of sea water combined with a residence at the seaside. Sea water taken internally, it is stated, acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practiced, and fattening articles of food strictly avoided. It is stated that sea water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

A sea weed, the *fucus vesiculosus*, has, of late years, been brought into notice as an attenuant. It contains iodine and bromine in small quantities, and was administered by Lænnec, in phthisis, as a tonic. In some parts of Ireland it is used to fatten pigs, and even in famine times the peasantry have prepared it for food. That it could have, therefore, any attenuant properties must be held doubtful, particularly as the recent experiments with it have led to very conflicting

results. STILLÉ, in the last edition of the *National Dispensatory*, dismisses it as quite obsolete for any such purpose. But Dr. Mulheron, of Detroit, thinks that much depends on the idiosyncrasy of the patient. According to him it is in the obesity of those of the lymphatic temperament that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these, he adds, strict regulation of diet affords almost the only prospect of relief, but, owing to the keenness of the appetite which usually exists, this regulation can very rarely be enforced. The cases in whom *fucus vesiculosus* shows its most decided beneficial effects are women, in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonic effect of the general system.

Arsenic, in some cases, has been found effective by Dr. Whittaker, of Cincinnati. He thinks it may act in the reduction of fat, by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

Alkalies, preëminently the *liquor potassæ*, in full doses, are unquestionably successful in diminishing the weight; but the quantities required to accomplish this effectively are nearly sure to bring about alkaline dyspepsia of an intractable character, and a cachectic condition much more distressing than that of polysarcia.

Such are the alternatives before our fat friends. Perhaps the best advice we can give them is a judicious combination, in moderation, of all three of the agencies for reducing weight which we have enumerated. Taken together or in turn, one or all, will be sure to lessen weight.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### CURE FOR TAPEWORM.

According to Dr. Hancke (*Allg. Med. Cent. Zeitung*, Nov. 5th, 1879), the following is the best of formulæ for tæniæ:—

R. Extr. filicis æther.,	ʒ iiss
Syrup spin. cervin.,	ʒ j
Olei menth. piper.,	gtt. xj. M.

The whole of this is to be taken at one dose, on an empty stomach, followed by a little black coffee, to take away the bitter after taste. No preparation is needed for it, and no after medication, purging, etc., is required. The syrup of buckthorn may be replaced by some other vehicle.

#### EUCALYPTUS AS A PECTORAL.

The Louisville *Medical Herald* states that eucalyptus globulus is attracting attention as a reliable anti-catarrhal remedy. It is of great service in bronchitis with profuse expectoration, the expectoration speedily diminishing and the general condition of the patient improving under its use. The tincture, in drachm doses, two or three times a day, may be prescribed.

#### OLEATE OF LEAD IN ECZEMA.

Mr. J. Sawyer, of London, gives, in the *Practitioner*, the following formula:—

Lead oleate,	24 parts
Heavy and inodorous paraffin oil,	14 parts

The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead. He can confidently recommend this ointment as a very efficient local application in eczema. He has used it successfully in a large number of cases.

#### PRURITUS ANI.

A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint:—

Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

—The letter in the *REPORTER*, December 13th, was from Dr. James Baker, not Boker, as printed.

**Aspidosperma Quebracho and its Beneficial Influence on Various Forms of Dyspnoea.**

The statement made by South American physicians, that the bark of the *Aspidosperma quebracho*, a tree belonging to the *Apocynaceæ*, possesses anti-febrile properties similar to and almost as efficacious as those of the cinchona bark, led Dr. F. Penzoldt to submit the same to experimental tests, for which purpose he made use of the aqueous solution of an alcoholic extract, prepared by macerating ten parts of the pulverized bark in one hundred parts of alcohol for several days, filtering and evaporating the filtered liquid, dissolving the residuum in water, evaporating it again to dryness, and finally re-dissolving it in twenty parts of water.

Administered to frogs, 0.5 ( $\frac{1}{2}$  grain) of the bark produced complete motor paralysis, which was of central origin, as was shown after tying the iliac artery. Simultaneously with the paralysis of the extremities appeared that of the respiration. The frequency of the heart's action was reduced about one half (from 54-60 beats) in a few minutes; this was, however, as the author satisfactorily demonstrated, not due to irritation of the vagus. The reflex irritability lasted somewhat longer than the power of voluntary motion.

Subcutaneous injections of gram 1.0 (15 grains) of the bark produced, in rabbits, paralysis of the extremities and dyspnoea, and larger doses, gram 2.5 (38 grains), death. Respiration was observed to be slower and deeper, but the frequency of the heart's action remained unchanged, except after direct injection into a vein, when it was reduced, with temporary lowering of the blood pressure.

The effect produced on dogs differed only in that the dyspnoea was accompanied by an increase in the frequency of the respirations and an augmented flow of saliva. The administration of a five-gram dose to a large, healthy dog produced no notable change in the temperature, nor did it do so where artificial fever had been produced by injecting putrescent fluids.

It was found to retard the putrefaction of blood, the yolk of eggs, etc., but not to prevent it.

The author observed no change in the temperature or frequency of the pulse, after the administration of from 3-8 ccm. of the above-mentioned solution to consumptives or to patients suffering with a combination of intermittent fever and phthisis or pleuritis; but he found that it exerted a decidedly beneficial influence on dyspnoea, from whatever cause. He invariably found that from one to two teaspoonfuls of the solution would diminish, and often entirely relieve, the most distressing symptoms. This he ascribes to the

more perfect arterialization of the blood. The author obtained similar results with *aspidospermine*, the alkaloid of the bark, which has been prepared by A. Baeyer.

**Carbolic Acid Fumes in Whooping Cough.**

An English contemporary recommends the employment of these fumes as follows:—

Place the little patient in a small room with closed doors and windows, and, having heated the kitchen fire-shovel sufficiently to produce rapid evaporation of any fluid, pour upon it about two drachms of common carbolic acid; dense fumes will be given off, and the atmosphere become charged with them. If the patient happen to have a paroxysm of coughing now, it will often be cut short after breathing the carbolized air. The above can be repeated two or three times a day; and any rooms frequented by the patient should also be carbolized, especially the bedroom. He says he has known this treatment to have an almost magical effect, but should scarcely recommend it if there be any lung complication. The quantity of carbolic acid may be increased or diminished at discretion. Special attention must also be paid to the general health.

**The Pathology and Treatment of Ozena.**

Dr. Gottstein, of Breslau, sums up his views on the pathology of ozena briefly, as follows, (*Allg. Med. Cent. Zeitung*, October, 1879):—

1. There are a large number of syphilitic and scrofulous affections of the nose, in which there is no fetor.

2. These do not materially differ in their course from the fetid diseases of similar origin.

3. There is a form of fetid ozena which, though occasionally met with in syphilitic, scrofulous, and phthisical subjects, is not of a dyscrasic nature, and differs from dyscrasic affections in its clinical course and specificity of the fetor as well as in its anatomical relation, and which presents a so characteristic pathological condition, that we must consider it a disease sui generis.

4. According to the limited observations which have hitherto been made, it is highly probable that it involves a degeneration of the connective tissue of the mucous membrane, together with a partial destruction of the mucous glands, with a consequent diminution of secretion.

As regards treatment, it is the author's opinion that all we can reasonably hope for may be accomplished by plugging the nasal cavity with cotton, after having removed the secretions by means of the nasal douche. When both sides are affected, he



recommends the alternate plugging of each cavity for twenty-four hours, or to prepare the tampon by rolling cotton round an elastic tube, which enables him to plug both cavities at once, without interfering with nasal breathing. He employs cotton which has been soaked in a glycerine-alcoholic solution of salicylic acid, and afterward dried. To accomplish a radical cure is, in the author's opinion, impossible, but he regards the above method as strongly palliative, causing the fetid odor to disappear entirely.

## CORRESPONDENCE.

### Puerperal Convulsions.

ED. MED. AND SURG. REPORTER :—

I have been pleased to see so many communications on puerperal convulsions, during the past year, in your valuable journal. An analysis of these communications shows that the condition is very generally treated empirically, bleeding being the "*sine qua non*" with the majority of writers.

Yet, occasionally we have a case treated without resort to heroic bleeding, and result satisfactorily. Should not we inquire why it is that modes of treatment that are so opposed to each other succeed so well in some cases? Does it not prove, on the face of it, that there is more than one cause for this condition, and that each one requires its own particular remedy?

Puerperal convulsions should be classed—

1. Hysterical. Confined to the period of gestation in persons of a hysterical or nervous temperament. In which cases the usual nervous remedies will be sufficient.

2. Epileptiform. Generally occurring in primipara during the last two weeks of gestation, at parturition or post partum. May be caused by spinal or cerebral irritation or congestion, indicated by hard, full pulse, pain in the head, flushed face, eyes injected, etc. In these cases, bleeding moderately, brom. potass., chloroform, and chloral hydrate, will be the best.

3. Uræmic. In which cases we have evidence of albuminuria to an injurious extent, albumen and casts in the urine, smoky appearance of urine, dropsical effusions, anæmia, etc., weak, rapid pulse. In such a case bleeding will not be beneficial; but give opiates, sudorifics, and cathartics.

4. Apoplectic. Where there is active congestion of the brain, with intense pain in the head, delirium, head hot, carotids and temporal arteries pulsating strongly, transient hemiplegia, etc. Calls for full bleeding, ice to head, hot pediluvia, active purgatives, etc.

Dr. Kennedy's case, in No. 1160, page 445, was probably uræmic, and he made a mistake, if it was, by giving carb. ammonia, as in uræmia that substance is the probable cause of convulsions the urea being changed to carb. ammonia. Had he pushed the delivery after dilatation of the os, and used a little more morphia, he would probably have saved his patient. In all cases

where delivery is possible, don't delay, as the child is nearly always dead, and the continual irritation and absorption of the decaying mass contribute to keep up the convulsions. Light bleeding will be beneficial in all cases, unless anæmic. In uræmic cases use and depend mainly on opiates. And for those that believe bleeding to be the "*sine qua non*" in all cases, when they get a case like my first one, where the median basilics will not yield more than an ounce of blood, and the convulsions are so continuous and violent that the temporal artery cannot be tapped, they will begin to think of some other way; and if they will then try morphia, and succeed, they will be willing to study the pathology of puerperal convulsions.

Amity, Pa.

W. S. DODD, M.D.

### Rectal Polyp(1).

ED. MED. AND SURG. REPORTER :—

I report the following case as one of some interest and certainly rare :—

On September 3d I was summoned to Mr. W. M. H., whom I had treated, during the month of August, for bilious fever. I found him with a protrusion from the rectum of a mass fully nine inches in circumference, lobules some eight or ten, with a fissure in the centre, quite vascular; no hemorrhage at the time, but there had been at the first protrusion. On puncture there was an aqueous secretion, but no reduction of its size. At the time I could not think of a similar case, but I see that in Robley Dunglison's *Encyclopedia*, Volume II, page 439, a similar one in size, but more hemorrhagic in nature, is mentioned. My patient had been twice in this condition, respectively, five and nine years before, at which time his physicians treated him with poultices. It required some three or four months for the mass to slough off, so I thought it an excellent case to try the virtue of fl. ex. ergot. I first used 25 drops (Tilden's 74 formulæ) every day for a week, without pain of any consequence, with quite a reduction; after this there was decidedly more sensitiveness, and I had to add to the solution sulph. morphia q.s. to allay the pain and excitement. I had also to give ten grains chloral hyd. at bedtime, to procure sleep. During the treatment I kept the patient on constitutional remedies, and the bowels regular and of proper consistency. At the close of thirty days I discharged my patient, though I kept him on tonics another month. I will add that, as the case improved, I made the injections every third or fourth day, using, in the interim, an ointment of zinc sulph. and lard.

For the benefit of some of your readers I will state that one of my neighbors had a very fine young jack colt, a yearling. He reported to me that his colt was in a similar condition, and I prescribed Tilden's fluid extract of ergot, 74 for., and a hypodermic syringe, giving him instructions as to its use; with these he relieved him in three weeks' time. It may be efficient to relieve some other valuable animal as well as human patient. I approve of your idea of a more thorough course in veterinary medicine.

H. A. MOSELEY, M.D.

Wartrace, Tenn., December 25th, 1879.

### Laceration of the Cervix Uteri—Precautionary Closure of—Cure.

ED. MED. AND SURG. REPORTER:—

Since Esmarch has pointed out the fact that epithelioma finds an inviting nidus in a laceration of the cervix uteri, the subject is one of additional importance. In my experience the cases of epithelioma have all occurred in women who have borne children, and many have had miscarriages prior to the appearance of epithelioma. If for no other reason than to guard against this disease, we should never fail to close a laceration. The following case is one in which the operation was acceded to after this danger was pointed out to the patient.

Mrs. —, aged forty-eight, menstruated first at eighteen; married soon after; she has borne six children at full term, the last labor being ten years ago. She has never been well since and has never been pregnant since. She complains of backache, leg ache, leucorrhœa, and says she has become very nervous, and is not able to undergo any fatigue. An examination revealed a bilateral laceration of the cervix, a large flow of cervical mucus, the lips of the cervix rolled out, and the everted cervical membrane red and granular. The cervix was flattened, from pressure on the posterior vaginal wall, and she had a "show" irregularly. From June until November hot douches, tincture of iodine, a pessary and tonics were used, and the parts made fully ready for an operation.

On November 5th ether was given by Dr. Lippincott and the speculum held by my nurse; Dr. Rahausen took charge of the sponges. I carefully denuded the edges of the laceration, removed some cicatrized tissue from the cleft on both sides, and united the surfaces with silver wire sutures. On the 14th the sutures were removed, and union found to be perfect. The health of the patient began to improve at once, and continues to improve without medication.

R. STANSBURY SUTTON, M.D.

Pittsburg, Pa.

### Intestinal Dyspepsia.

ED. MED. AND SURG. REPORTER:—

My attention has frequently been called, the past few years, to this form of disease, and I am of opinion that it is on the increase, especially among children, and very rapidly. Our common form of dyspepsia, so prevalent in our country, is very often taken for the disease in question. Hence, when we fail in making a proper diagnosis, we shall also fail in giving the proper treatment to cure our patient. Before we can treat this disease successfully we must thoroughly comprehend the physiological law of intestinal digestion. Dr. Busch, of the University of Bonn, has given us much light on this subject. He says: "A woman, thirty-one years of age, from injuries, had fistulous openings, completely separating the stomach, duodenum, and a short fragment of the jejunum, from the intestine below, the upper portion of the jejunum being torn in two. Not the least communication existed between the two portions, and the contents of the stomach and duodenum, with the

gastric, pancreatic and biliary secretions, were discharged without admixture with the secretions from the intestines below. The main object at first was to arrest the marasmus, by furnishing to the system a supply of nutritious material, it being evident that no matter how much was taken into the stomach, the exhaustion still increased. At first protein substances were injected into the lower opening, alternately with amylaceous, and subsequently eggs and meats were stuffed in with the finger. The result was most surprising; the muscles manifested more tone, the features lost their death-like expression, the eyes became bright, the voice returned, and the patient could set up in the erect position.

"We have here indisputable evidence that the small intestines, as well as the large ones, do possess the power of digestion in a marked degree, far exceeding the stomach and duodenum, which, with the associate glands, have hitherto received the credit. The enteric juice was found to be secreted in small quantity."

I have taken the above quotation to prove the great importance of intestinal digestion. Chylification takes place in the small intestines, and the mucous membrane is characterized by villi, follicles of Lieberkuhn, Brunner's glands, Peyer's glands and solitary glands, all of which require a thorough knowledge of its physiological law. The enteric juice is constantly secreted while food is in the intestines. This may be in excess, defect, or perverted; in either case, if continued some length of time, some form of intestinal dyspepsia is the result.

But in addition to the pathological condition of the mucous membrane of the small intestines, we must not lose sight of the physiological law of the great sympathetic nerve; especially the solar plexus. Sometimes we find these plexus either in excess or defective in innervation. Dr. Dalton says, "the mutual action of the digestive, urinary, and internal generative organs upon each other, takes place through the medium of the sympathetic ganglia and their nerves." Thus we study the true character of each individual case. When the enteric juice is defective, the train of symptoms particularly noticed is a costive habit, pains around the umbilicus, especially two or three hours after eating, slight pains in the back, occasionally dull headache, appetite indifferent, sometimes voracious, at others wanting, sickness at the stomach, nervousness, insomnia, fretful, losing strength and flesh.

Now when the enteric juice becomes excessive diarrhœa ensues, and if it continues, food will pass through the bowels partially digested, and emaciation ensues. But when the secretions are perverted, costiveness and diarrhœa will alternate, with a long train of nervous symptoms. If the disease is not arrested, the patient will pass from bad to worse, until some other organic disease will set in.

I am ready to believe that intestinal dyspepsia is often the cause of producing organic lesions of the liver, spleen, kidneys, uterus, ovaries, bladder, ascites, and leucorrhœa.

The treatment necessarily must be adapted to each individual case. When the bowels are cos-

tive, I have found nothing better than the fluid extract of *rhamnus purshiana*, in proper doses, to regulate the bowels, and continue using it as long as it is necessary. At the same time I prescribe five grains of lactopeptine, three times a day, half an hour after meals. If the tongue is coated white, broad and pallid, indicating a superabundance of acid in the system, I usually give five grains of sulphite of soda, in warm water, three times a day, to neutralize the acid. When there is diarrhoea, it is easily controlled by subnitrate of bismuth and hydrate of chloral; but if diarrhoea is the prominent symptom, I give sulphate of quinia with the lactopeptine; the sulphate of quinia exercises a marked influence over the sympathetic nerve.

In some cases the fluid extract of *nux vomica*, or the elixir of *calisaya*, iron and *strychnia*, will act very well.

The diet must be prescribed by the physician; bathing twice a week, in warm alkaline water, is an excellent adjuvant. If there should be an excessive amount of alkalies in the system, easily known by a red, sleek tongue, this must be corrected by the use of dilute hydrochloric acid.

In the majority of cases the physician is not called upon until the disease has existed for three or six months, when we usually find the patient emaciated, with general debility; in such a case, in addition to the above treatment, I prescribe maltine, in proper doses; and if the red corpuscles are deficient, there is nothing better than dialysed iron.

The object of penning these thoughts is to attract the attention of the profession to this disease, which, I think, is unquestionably on the increase, at any rate in the western States.

JOHN A. HENNING, M.D.

Redkey, Ind., January, 1880.

#### Obstinate Case of Eczema.

ED. MED. AND SURG. REPORTER:—

Permit me, through the columns of your widely circulated and valuable journal, to present the following case to your medical readers, for some remedies or suggestions as to the cure:—

Mrs. —, aged forty, the mother of five children, a farmer's wife, has been affected with eczema for over ten years. She applied to me for treatment about six months ago. The disease covers nearly the whole scalp, the external and the internal ears, large patches on both legs, with a few deep sores also upon the arms, and more or less over the whole body. She complained of much itching and soreness; no febrile excitement; tongue clean; digestion good; catamenia regular. She informed me that she had taken a great deal of medicine, used salves, lotions, etc., from many physicians. It is unnecessary for me to detail my treatment. I administered constitutional remedies, with a view to change, if possible, the whole condition of the system; purgatives, diuretics, alteratives, tonics, etc., with mild applications externally.

Arsenic and cod-liver oil proved most beneficial internally, and benzoated oxide of zinc externally. Three weeks ago the disease had entirely disappeared from the legs—the ears and

scalp having been healed for over two months—and now it has broken out again on the legs, and the ears are beginning to run a little. Her general health is good otherwise.

The disease commences by small pimples, which break, the skin becomes red, inflamed and scaly, and very itchy, but rather dry. It may benefit some other of your readers to have some remedies for this disease proposed through your columns.

K. S.

## NEWS AND MISCELLANY.

### Dr. Landolt's Work on the Eye.

The *Manual of Examination of the Eye*, by Dr. Landolt, recently published at this office, has met with very cordial endorsements from the most prominent ophthalmologists of this country and England. Owing to the residence of the author in Paris, some omissions and errata escaped notice. These have been very carefully supplied by the author, and copies of an Appendix containing them will be furnished, without charge, by the editor of this journal, to all who have purchased a copy of the book. A lecture on Ophthalmoscopic Enlargement, which first appeared in the *British Medical Journal*, January 3, 1880, by Dr. Landolt, has also been reprinted, and will be furnished to all purchasers of the book, either by the editor of the *REPORTER* or by the author, 10 Rue de la Bienfaisance, Paris.

### Precautions against Smallpox.

The Board of Health of this city has passed the following resolutions, in view of the presence of smallpox in the city:—

*Resolved*, That citizens be most urgently requested to at once resort to vaccination and revaccination, as the most positive and only reliable means of protecting themselves from an attack of smallpox, and for preventing an epidemic and the dire evils consequent thereto.

*Resolved*, That notice be given that gratuitous vaccination is offered to all desiring it, qualified physicians having been appointed by the Board of Health, who are located in all sections of the city, for the convenience of the people.

### Improvement in the Audiphone.

A Geneva despatch to the *London Times*, Jan. 18th, says: Professor Calladon, of Geneva, has effected an important improvement in the contrivance for enabling deaf mutes to hear through the teeth, lately discovered in the United States.

"For the India rubber apparatus used by the American inventor, which is somewhat costly, Professor Calladon substitutes a piece of elastic card board."

We have been shown an audiphone made of well calendered binder's board, costing but a few cents, quite as good as those of hard rubber, etc. It was devised by Dr. C. S. Turnbull, of this city.

#### Northern Medical Association of Philadelphia.

At the annual meeting of the Northern Medical Association of Philadelphia, held at 608 Fairmount Avenue, on Friday evening, January 9th, 1880, the following officers for the ensuing year were elected:—President, Dr. E. E. Montgomery. Vice-President, Dr. J. B. Walker. Counsellors, Drs. N. L. Hatfield, J. T. Eskridge, William M. Welch, Edward R. Stone, Henry W. Rihl. Treasurer, Dr. E. I. Santee. Recording Secretary, Dr. I. G. Heilman. Corresponding Secretary, Dr. J. Henry Smaltz. Reporting Secretary, Dr. L. Brewer Hall.

#### The New Asylum at Norristown, Pa.

An informal meeting of the Board of Trustees of this Institution was held at the grounds on the 15th inst. Ex-Governor Hartranft was called to the chair, and after consultation, a committee of five was appointed to draft a code of general rules and regulations for its management. Quite a number of persons of the medical profession are spoken of in connection with the male Medical Directorship, among whom are Dr. A. V. Chesson, of Pittsburg, who ranks among the first of his profession in Western Pennsylvania; Dr. Abraham P. Frick, late of the U. S. Army, now of Germantown, Pa.; Dr. P. Y. Eisenberg, of Norristown, Pa., a young and rising practitioner, along with others, among whom may be mentioned Dr. Reed, of Norristown, and Dr. Richardson, of Philadelphia. From the high and conservative character of the Board of Trustees, it is well understood that a candidate for this position will be selected with an eye single to the best interests of the inmates and the commonwealth. Economy will be a feature that will be rigidly adhered to in the operation of this Institution, especially at its commencement, and salaries will be graded to the minimum rates. The Board are evidently desirous of making this an exemplary Institution in the State.

#### Personal.

—Dr. O. E. Herrick has removed from Greenville to Grand Rapids, Mich.

#### OBITUARY NOTICES.

—A despatch from London announces the death of Dr. J. C. Hermann Freund, Deputy Inspector General of Hospitals to the British German Legion during the Crimean war.

—Dr. James F. Marh, one of the most prominent physicians of that vicinity, died at Rochelle, Ill., on Saturday, January 3d, 1880. He was a classmate of the late Dr. Spickler, and graduated at Rush Medical College, Chicago, in 1857, locating immediately in Grand Detour, moving from there to Dixon, and from there to Rochelle, where he continued to practice up to the time of his death. He died of dropsy. As his health had been failing for two years, his death was not unexpected. He was about fifty years of age.

—Dr. Townsend Ryan, of Anderson, Ind., died there December 30th. He was born at

Lebanon, Pa., in 1813, studied medicine at an early age, graduated at Jefferson Medical College, Philadelphia, Pa., and at the Cincinnati Medical College. He moved to Anderson in 1843, and with the exception of a few years, has been a resident of that place ever since. During the war he was Lieutenant Colonel of the 84th Regiment Indiana Volunteers, and later surgeon of the 52d Indiana Volunteers.

#### QUERIES AND REPLIES.

—Dr. J. H., of O., asks—Is it professional, or according to the spirit of the Code of Ethics, for a physician to advertise in the newspapers, as "*Late an Army Surgeon*," or a "*Physician of — Years' Practice*," or a "*Graduate of — Medical College*."

*Answer.*—It is not consonant with the spirit of the Code of Ethics to make such an announcement in the public papers.

—Dr. J. A. M., of Pa., asks:—Suppose a physician wishes to put out a "shingle," would it be incorrect or in violation of any article in the Medical Ethics, for him to put *Allopathic* on said "shingle?" Has the word, as a distinctive mark between the two schools, become obsolete?

*Answer.*—The word "allopathic" is wholly incorrect and inapplicable to the regular and scientific practice of medicine, and should not, therefore, be used to designate it.

—Dr. B. L. L., of Ill., asks suggestions to break up the habit of tobacco chewing. Is there any harmless substitute, or drug, which will induce a distaste for tobacco?

*Answers from readers are requested.*

—Dr. W. B. T., of Ont., asks for a good formula for cod-liver oil emulsion, those usually recommended not having proved satisfactory. A good emulsion should be not nauseous, and permanent.

—Dr. W. E. M., of Md. The full and original formula of Warburg's tincture, with the necessary explanations, will be found in Napheys' *Modern Medical Therapeutics*, p. 410. It is quite long, or we should quote it here. Of its unequalled effects in certain cases there seems no doubt.

—*Inquirer.*—Of the many pepsin preparations in the market, we think more depends on getting a fresh one, than the make of this or that manufacturer. All of them lose their power rapidly, especially in hot weather.

#### MARRIAGES.

HOOVER—HOAL.—At the residence of the bride, in Venice, Ohio, Thursday, January 1st, by Rev. J. Haight, Charles C. Hoover, M.D., and Miss Carrie Bond.

LEBOUTILLIER—INGOLDSBY.—At the residence of the bride, on the afternoon of Christmas day, by the Rev. Mr. Gray, C. A. Le Boutillier, M.D., and Ella Ingoldsby.

POLEY—WATT.—On December 29th, 1879, at the residence of the bride's parents, Norristown, Pa., by the Rev. H. T. Ford, assisted by Rev. Wm. A. Jenks, Dr. Cyrus S. Poley, and Kate, youngest daughter of William Watt, Esq.

#### DEATHS.

WELLS.—In Hill, N. H. December 31st, of paralysis, Daniel E. Wells, M.D., aged 52 years. A practicing physician of that place.

WHITE.—In Paris, France, on December 30, 1879, Dr. Samuel S. White, aged 58 years, late of this city.